

Division of Health Care Finance and Policy

Fiscal Year 1990

**Inpatient Hospital
Discharge Database
Documentation Manual**

Division of Health Care Finance and Policy
Two Boylston Street
Boston, Massachusetts 02116-4704

<http://www.mass.gov/dhcfp>

General Documentation
FY1990 Inpatient Hospital Discharge Database

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General Comments

The purpose of this General Documentation of the fiscal year 1990 merged case mix and charge data is to provide researchers with an understanding of the data quality issues connected with the data elements they may decide to examine.

The General Documentation is divided into seven (7) sections.

Section I: This section includes a description of the basic data quality standards as contained in 114.1 CMR 17.00 Requirements for the Submission of Case Mix and Charge Data (the 17.00 Regulation); general data definitions, general data caveats, and specific data elements.

Sections II and III provide the status of the hospital specific responses.

As the case mix and charge data plays a significant role in the hospital's reimbursement, the Massachusetts Rate Setting Commission (MRSC) required hospitals to use Response Sheet A (see Attachment III) to certify the correctness of their data as it appeared on the verification report or to use Response Sheet B (see Attachment IV) to certify that the hospital found discrepancies in the data and was submitting written corrections that provided an accurate profile of the hospital's fiscal year 1990 discharges.

The names of those hospitals that certified the correctness of their data as it appeared on the data base are published in alphabetical order on a list in Section II.

A list of the hospitals that found discrepancies in their data and submitted written corrections to the Commission is published in Section III. Their responses and explanations for the noted differences are also provided, as well as any hospitals who have verified their data but expressed concerns as to the accuracy and limitations of the data. This documentation is included in Section III with those hospitals that reported data discrepancies.

When reviewing the hospitals' comments regarding DRG discrepancies, researchers should be mindful of how discharges are grouped into Diagnostic Related Groups (DRGs) by the MRSC.

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General Comments - Continued

The MRSC used HCFA approved HIS software that is comparable to HCFA Version II Grouper Software. Although Version VII of the HCFA Grouper was in effect for fiscal year 1990 clinical data, the MRSC continued to group data using Version II software for the purpose of reimbursement. Please be reminded that the MRSC calculates reimbursement on the basis of an aggregate of a hospital's case mix adjusted discharges, unlike Medicare, which reimburses a specific payment for each case in an individual DRG. To calculate reimbursement it is necessary to group the clinical data in the same manner for the rate year (fiscal year 1990) as was done for the base year (fiscal year 1989).

Revisions to some ICD-9-CM codes and the creation of new diagnosis and procedure codes that became effective for fiscal year 1990 posed a problem for the MRSC. As Version II of the Grouper does not recognize the new and revised codes, it was necessary to convert these codes to codes that would be acceptable to Version II. Using an ICD-9-CM Conversion Table software that was developed by UIS and approved by the Commission, the MRSC mapped the pertinent 1990 code into a clinically representative code that was in effect prior to 1990. New codes that did not affect the DRG assignment were not included on the conversion table.

This mapping was done internally for the purpose of reimbursement and in no way alters the original ICD-9-CM codes that appear on the database. These codes are displayed on the database as they were reported by the hospital.

The hospital's profile of cases as grouped by version II is part of the verification report. As such, it is this grouping on which the hospitals commented. The Commission urged hospitals to use the same version of grouper software as was used by the MRSC. Some hospitals did the comparison using Version VII of the Grouper. In those cases, the issue of DRG discrepancies is distorted. Please note in Section IV which version was used by the hospital when reviewing this information.

To assist users of the data, the Commission has provided the cases as grouped by Version II. This version is provided to allow for ease of comparison with DRG data from previous years. The Version VII grouper while not presently available, will become available in several months. This version will be provided to allow researchers the opportunity to examine a hospital's case mix profile based on pertinent clinical and coding practices.

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General Comments - Continued

Section IV identifies categories where discrepancies were found. Each category is listed separately with the names of the hospitals reporting discrepancies in that category. If the user wishes to review specific corrections reported by a given hospital, he/she should refer to that hospital's specific comments in Section III.

A list of those hospitals that did not respond to the Rate Setting Commission's verification reports is published in Section V.

Please note that the Massachusetts Osteopathic Hospital (DPH #2043) ceased operation prior to the fiscal year 1990. In addition, Worcester Hahnemann Hospital (DPH #2077), Worcester Memorial Hospital (DPH #2124), and Holden District Hospital (DPH #2110) merged to form the Medical Center of Central Massachusetts. The Medical Center reported case mix for all of fiscal year 1990 under DPH #2077. Beginning in fiscal year 1991, the Medical Center will report case mix data under DPH #2124. In another merger, North Shore Children's Hospital (DPH #2113) merged under Salem Hospital (DPH #2014) in September of fiscal year 1990.

Heritage Hospital (DPH #2119), formerly Central Hospital, and Falmouth Hospital (DPH #2289) did not meet all of the requirements of Regulation 114.1 CMR 17.00 for all four quarters. The Commission is releasing this data in a separate file on the database. Section VI lists these hospitals that appear in this unacceptable case file. The reason for publishing this data is to allow researchers to access to all of the latest data submitted to the MRSC for fiscal year 1990.

North Shore Children's Hospital (DPH #2113), Somerville Hospital (DPH #2001), and Boston City Hospital (DPH #2307) did not submit any data for the entire fiscal year.

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SECTION I.

1. Data Quality Standards
2. General Data Definitions
3. General Data Caveats
4. Specific Data Elements

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Data Quality Standards

As hospitals submitted the merged case mix and charge data 120 days after the end of each quarter, the data was edited using the modified Integrated Data Demonstration (IDD) software developed under the IDD Pilot Project funded by a federal grant. The 17.00 regulation specifies which data elements must be submitted and what edits are for each data element.

The data was edited for compliance of a one percent error rate as set forth in the 17.00 regulation. Hospitals received error reports that displayed discharges containing invalid information. Quarterly data that did not meet the one percent compliance standard was resubmitted by the hospital until such a standard was met. Five (5) hospitals failed to meet this standard for all four quarters of fiscal year 1990. The specific reasons why their data did not meet the requirements of the 17.00 regulation are provided in Section VI of this document. A separate data file has been created on the data base for this unacceptable or incomplete data. (See the Technical Documentation for more specific information regarding this data file.)

The one percent error rate was based on the presence of Type A and Type B errors as follows: one Type A error per discharge caused rejection of the discharge. Two Type B errors per discharge caused rejection of the discharge. (See Attachment I for a listing of the data elements categorized by error type.) The edits specified by the 17.00 regulation are not clinical edits. The edits primarily check for valid codes, correct formatting, and presence of required data elements.

When the majority of hospitals had met this compliance standard for all four quarters of their data, the yearly data was run through a series of frequency reports as part of a quality assurance/verification project. The intent of this project was to present hospitals with a profile of their data as held by the Commission. Hospitals were asked to verify selected data elements including number of days, number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). (See Attachment II for a complete listing of frequency reports.) Hospitals were asked to certify their data and to submit any caveats in writing to accompany the copies of the data released to qualified researchers.

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General Data Definitions

Before turning to an examination of specific data elements, several basic data definitions (as contained in the 17.00 Regulation) and general data caveats should be noted.

As defined in the 17.00 regulation: the case mix data is the case specific, diagnostic discharge data which describes socio-demographic characteristics of the patient, i.e., expected payor, sex, race, patient zip code, the medical reason for admission, treatment and services provided to the patient, and duration and status of the patient's stay in the hospital.

Charge Data

The full undiscounted total and service specific charges billed by the hospital to the general public.

Ancillary Services

The service and their definitions as specified in the Commonwealth of Massachusetts Hospital Uniform Reporting Manual (HURM). (And as specified by the reporting codes and mapping scheme as listed in the 17.00 regulation.)

Routine Services

The services and their definitions as specified in HURM S 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a).

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetric, or pediatric patient. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who require intense, comprehensive care. Special care units shall include, but not be limited to, those units specified in 114.1 CMR 17.06(2)(b).

Leave of Absence

The count in days of a patient's absence with physician approval during a hospital stay without formal discharge and readmission to the facility.

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General Data Caveats

Everyone who works with this data is convinced that the information is not entirely consistent from hospital to hospital in terms of:

- Effort spent on collecting and verifying patient supplied information before or at admission;
- Effort spent on completing discharge abstracts prior to coding by medical staff (ability of medical records staff to collect complete, accurate diagnostic and procedural information easily from doctors or charts);
- Effort spent on medical record abstraction, consistency, completeness;
- Extent of data processing capabilities;
- Flexibility of data processing systems;
- Commitment to quality; “representative” merged case mix and charge data;
- Capacity of financial system to record/reflect “late” charges to the Rate Setting Commission Tape.

These general data caveats stem from information gathered through conversations with members of the Rate Setting Commission Case Mix Advisory Data Group (DAG), staff at the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical record, financial, administrative, and data processing personnel who called to comment upon and question our procedural requirements during the process.

The following points provide additional information for users regarding the process of collecting and editing the data.

- The Case Mix data in Massachusetts has been collected since FY1978. Fiscal Year 1983 was the “start-up” year for the submission of merged case mix and charge data.
- The deadline for quarterly submission was extended from 90 to 120 days after the end of the quarter to enable more complete abstraction and compilation of financial and medical record information.
- Error reports and frequency reports have been sent to the hospitals with ample opportunity to resubmit the data.
- The Case Mix Advisory Group was established in 1983 to provide a forum for information exchange between hospitals, vendors, and the Commission.
- Significant Commission staff time has been spent on documenting technical issues, problems and questions and verifying hospital supplied information in an attempt to discover and understand any major problem with the merged data.

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General Data Caveats - Continued

Essentially, the Commission staff has attempted to respond to the various inconsistencies brought to our attention.

The case mix data, for the most part, is abstracted from discharge summaries derived from information gathered upon admission regarding expected payor status or derived from information entered by admitting and attending physicians into the medical record. In some hospitals, the Rate Setting Commission's diagnostic and procedural information may be summarized from incomplete discharge abstracts. More importantly, there are not objective standards for determining a single principal diagnosis or procedure, particularly if the discharge abstract is ambiguous or even illegible. In addition, the selection of the principal diagnosis or procedure may be influenced by third party reimbursement policies, by the extent and experience of the medical record staff, and by the sophistication of the DRG maximizing software employed by the hospital. Also, medical record coding expertise may not be consistent between hospitals.

The charge data is equally problematic. Certain hospitals did not have the capacity to add late charges to the Rate Setting Commission tape within the 120-day limit. In many hospitals "days billed" or "accommodation charges" do not equal the length of stay or the days that the patient spent in the hospital. Many hospitals have mentioned that their charges are a reflection of their pricing strategy and are not a reflection of resources spent in patient care delivery; therefore, charges cannot be used to compare hospitals.

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Specific Data Elements

The purpose of the following section is to provide the user with explanations of some data elements included in the 17.00 regulation and to give a sense of their reliability.

MDPH Hospital Computer Number

The Massachusetts Department of Public Health four digit number. (See Attachment II.)

Patient Race

As a result of the lack of information collected in 1983, together with the fact that additional race codes (Asian, Hispanic, and American Indian) were required in the third and fourth quarters of fiscal year 1984, the Rate Setting Commission worked towards correcting the hospitals' misconceptions regarding the collection of race information. A statement from the Massachusetts Commission Against Discrimination was sent to all hospital administrators explaining that asking for race information from patients on a voluntary basis was not a form of discrimination and that race was a required data element.

How accurate the reporting of this data element is for a given hospital is difficult to ascertain; therefore the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of a given hospital's population.

Leave of Absence (LOA) Days

The hospitals are required to report these days to the Commission if they are used. At present, there is no way for the Commission to verify the use of these days if they are not reported. Therefore, the user should be aware that the completeness of this category relies solely on the accuracy of a given hospital's reporting practices.

Age

Discrepancies have been noted in the assignment of patients to the 0-14 age category. The Commission is investigating the problem at this time. Since the MRSC does not presently have an explanation for the discrepancies, we urge researchers to use caution when using this data.

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SECTION II.

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Hospital Listing of Those Who Verified Their Data As It Appears on the
FY1990 Database

Addison Gilbert Hospital
Amesbury Hospital
Beth Israel Hospital
Brockton Hospital
Cardinal Cushing Hospital
Carney Hospital
Choate-Symmes Hospital
Clinton Hospital
Cooley Dickinson Hospital
Fairview Hospital
Franklin Medical Center
Goddard Memorial Hospital
Hahnemann Hospital
Haverhill Municipal Hospital
Holyoke Hospital
Leominster Hospital
Lowell General Hospital
Ludlow Hospital
Malden Hospital
Martha's Vineyard Hospital
Melrose-Wakefield Hospital
Mercy Hospital
Milton Medical Center
Morton Health Foundation, Inc.
Mount Auburn Hospital
New England Medical Center
New England Memorial Hospital
Norwood Hospital
St. Elizabeth's Hospital
South Shore Hospital
J. B. Thomas Hospital
Tobey Hospital
Whidden Memorial Hospital
Wing Memorial Hospital
Winthrop Hospital

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SECTION III.

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Hospital Listing of Those Who Discovered Discrepancies in Their Data and Provided
Corrections to the Commission

Anna Jaques Hospital
Athol Memorial Medical Center
Berkshire Medical Center
Beverly Hospital
Brigham and Women's Hospital
Children's Hospital
Dana Farber Institute
Emerson Hospital
Faulkner Hospital
Framingham Union Hospital
Glover Memorial Hospital
Harrington Memorial Hospital
Holy Family Hospital
Lahey Clinic
Lawrence Memorial Hospital
Marlborough Hospital
Mary Lane Hospital
Massachusetts Eye and Ear Hospital
Massachusetts General Hospital
Medical Center of Central Massachusetts
Nantucket Cottage
Nashoba Community Hospital
New England Baptist Hospital
New England Deaconess Hospital
North Adams Regional Hospital
St. Anne's Hospital
St. John's of Lowell Hospital
St. Margaret's Hospital
St. Vincent's Hospital
Salem Hospital
Sturdy Memorial Hospital
University Hospital
UMass Medical Center
Waltham/Weston Hospital
Winchester Hospital

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Anna Jaques
Explanation of Discrepancies

Anna Jaques Hospital reported discrepancies in the area of Accommodation Charges.
The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Accommodation Charge		
Med/Surg	15,151,624	12,427,607
Psychiatric	35,775	2,724,017

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Athol Memorial
Explanation of Discrepancies

Athol Memorial Hospital reported discrepancies in all areas. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# Discharges		
	2,071	2,080
Type of Admission		
Urgent	2,062	2,071
Source of Admission		
Physician Referral	2,070	2,079
Month of Discharge		
November	188	193
February	154	156
March	169	170
June	160	151
July	151	159
Age		
0-14	371	372
45-64	339	337
65-74	353	351
75-84	364	368
>=85	226	229
Sex		
Male	1,007	1,012
Female	1,064	1,068
Race		
White	2,069	2,078
Source of Payment		
Self Pay	324	97
Workers Comp	39	38
Medicare	969	971
Medicaid	0	252
Other Govt.	0	21
Blue Cross	298	293
Commercial Insurance	441	59
HMO	0	337
Other	0	12

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Athol Memorial Hospital - Continued

Category	MRSC	Hospital
Accommodation Charges		
Med/Surg	2,106,826	2,104,414
Ped	308,112	306,936
ICU	327,000	333,375
Accommodation Days		
Med/Surg	10,291	10,376
Ped	1,048	1,044
ICU	872	889
Disposition		
Home	1,569	1,708
Acute Care	79	80
SNF	15	34
ICF	89	63
Home/Health Care	195	79
Against Advice	29	24
Died	83	84
Ancillary Charges		
Pharmacy	903,192	913,786
Med/Surg	485,159	497,344
Laboratory	1,376,416	1,364,403
Radiology	340,734	345,674
Cat Scan	256,123	261,897
Surgical	617,757	626,313
Anesthesiology	111,781	113,866
Blood	34,010	65,589
Respiratory Therapy	628,320	639,103
Physical Therapy	107,549	110,101
Emergency Room	189,154	193,552
Pulmonary Function	8,104	0
Cardiac Catherization	92,960	89,940
Recovery Room	45,729	46,855
EKG	131,425	138,078
EEG	34,471	21,579
Other	3,030	0

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Athol Memorial Hospital - Continued

Category	MRSC	Hospital
DRG		
10	1	0
11	0	1
18	2	1
24	8	6
25	9	11
28	3	2
29	2	3
31	8	9
32	11	10
68	5	4
69	7	8
79	11	16
85	1	2
87	8	7
88	10	11
89	56	43
90	7	14
91	58	59
96	41	40
99	2	4
100	5	4
102	1	0
114	0	1
120	3	2
121	27	22
122	28	24
123	12	11
127	93	96
130	7	5
131	3	4
132	6	13
133	1	4
138	26	20
139	7	14
141	7	5
142	2	4
143	53	55
144	4	5
145	0	1

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Athol Memorial Hospital - Continued

Category	MRSC	Hospital
DRG		
148	10	8
149	5	7
151	0	2
152	13	0
153	2	0
157	4	1
158	9	10
160	6	5
161	19	10
162	22	30
165	3	2
172	7	8
173	1	2
174	17	19
175	3	5
180	17	13
181	5	10
182	52	49
183	46	59
184	57	58
189	6	9
198	26	25
207	10	8
208	3	7
209	10	11
210	15	13
211	1	3
218	4	2
219	3	5
223	3	7
224	16	10
227	2	3
231	3	2
243	40	41
248	4	5
250	4	3
251	0	1
253	9	6
254	7	10

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Athol Memorial Hospital - Continued

Category	MRSC	Hospital
DRG		
256	1	2
257	8	6
258	3	5
263	5	4
264	2	4
265	2	0
266	3	1
271	2	3
277	20	16
278	13	19
280	9	4
281	9	13
282	0	2
285	2	1
296	43	30
297	8	20
310	1	0
311	0	1
316	5	7
320	22	18
321	7	12
323	13	6
324	5	11
331	3	2
348	3	1
349	0	2
354	2	0
355	4	0
356	10	9
359	1	7
369	5	6
395	18	22
403	3	2
420	0	1
434	0	6
435	0	8
436	1	0
437	3	0
438	9	0

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Athol Memorial Hospital - Continued

Category	MRSC	Hospital
DRG		
440	1	0
442	3	2
443	2	4
444	6	4
445	7	9
449	11	12
468	14	1
470	1	0
473	0	1
475	0	3
477	0	4

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Berkshire Medical Center
Explanation of Discrepancies

Berkshire Medical Center reported discrepancies in the areas of Accommodation Charges and Ancillary Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Accommodation Charges		
Medical/Surgical	25,396,715	27,586,227
Ancillary Charges		
Pharmacy	6,198,204	6,325,656
Med/Surg Supplies	2,612,359	2,673,722
Respiratory Therapy	3,359,008	3,689,128

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Beverly Hospital
Explanation of Discrepancies

Beverly Hospital reported discrepancies in the areas of # of Discharges, Month of Discharge, and Accommodation Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Accommodation Charges		
Med/Surgical	16,329,029	16,267,986
Obstetrics	861,943	2,091,563
Pediatrics	1,326,063	420,315
Psychiatric	763,750	1,531,857
Accommodation Days		
Med/Surgical	53,621	48,899
Obstetrics	2,979	6,848
Pediatrics	4,212	1,321
Psychiatric	2,202	4,262

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Brigham & Women's Hospital
Explanation of Discrepancies

Brigham & Women's Hospital reported discrepancies in the area of Race. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Race		
White	29,653	33,302
Black	6,164	7,021
Other	489	566
Unknown	5,859	433
American Indian	15	20
Asian	786	991
Hispanic	3,313	3,856

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Children's Hospital
Explanation of Discrepancies

Children's Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Source of Payment		
Self Pay	982	963
Free Care	9	10
Medicare	0	127
Medicaid	3,396	3,721
Other Gov't	198	206
Blue Cross	4,379	4,412
Commercial Insurance	4,180	3,786
HMO	2,804	2,718
Other	1	2

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Dana Farber Institute
Explanation of Discrepancies

Dana Farber Institute reported discrepancies in the areas of DRGs, MDCs, Accommodation Days and Accommodation Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
DRG		
10	4	3
82	339	340
172	129	127
173	39	41
175	0	1
203	45	46
239	69	68
274	226	227
318	73	63
319	3	13
346	69	70
366	85	84
400	0	91
401	3	4
403	513	255
404	209	188
405	15	9
406	0	1
413	17	16
468	38	37
473	0	193
MDC		
1	7	6
4	341	342
7	46	47
8	72	71
9	259	260
13	115	114
Accommodation Days		
Med/Surg	8,606	17,333
Pediatric	8,727	0
Accommodation Charges		
Med/Surg	4,733,300	9,533,150
Pediatric	4,799,850	0

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Emerson Hospital
Explanation of Discrepancies

Emerson Hospital reported discrepancies in the areas of Payor and LOA Days. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
LOA Days		
	109	404

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Faulkner Hospital
Explanation of Discrepancies

Faulkner Hospital reported discrepancies in the areas # of Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, LOA Patients, LOA Days, MDCs, Length of Stay, Disposition, DRGs, # of Diagnosis Codes Used per Patient, and # of Procedure Codes Used per Patient. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# Discharges		
	7,508	7,510
Type of Admission		
Emergency	6,119	6,121
Source of Admission		
Physician Referral	2,910	2,930
Transfer ICF	109	71
Emergency	4,079	4,088
Other	27	38
Month of Discharge		
October	616	617
April	639	640
Age		
21-44 (YEARS)	2,088	2,089
45-64	1,601	1,602
65-69	586	585
70-74	645	648
75-84	1,488	1,489
>=85	940	937
Sex		
Male	3,198	3,199
Female	4,310	4,311
Race		
White	109	6,793
Black	6,790	457
Other	457	18
Unknown	18	108
Source of Payment		
Medicare	3,517	3,519
Medicaid	440	439
Blue Cross	972	973
Commercial Ins.	868	869
HMO	1,400	1,399

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Faulkner Hospital
Explanation of Discrepancies - Continued

Category	MRSC	Hospital
Total Days		
	59,190	59,199
LOA Days		
	7	26
LOA Patients		
	2	14
Length of Stay		
Same Day Discharge	86	87
1 Day	942	943
Disposition		
Psych	94	95
Against Advice	179	180
DRGs		
79	175	176
82	38	39
89	183	184
91	2	0
99	17	16
101	21	20
121	179	181
122	73	71
127	237	238
140	313	315
143	77	76
182	155	154
257	98	99
258	26	25
296	98	100
297	8	7
298	3	0
320	115	116
433	80	81
438	329	330
468	117	118

General Documentation
FY1990 Inpatient Hospital Discharge Database

Framingham Union Hospital
Explanation of Discrepancies

Framingham Union Hospital reported discrepancies in the areas of Disposition, # of Diagnosis Codes Used per Patient, and # of Procedure Codes Used per Patient. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Length of Stay		
0-1 Day	1,997	1,996
2 Days	3,656	3,659
3	1,643	1,641
5	755	756
8	322	323
>=20	454	455
Disposition		
Home	12,417	10,533
Acute Care	0	256
SNF	0	49
ICF	0	132
Home/Health Care	1	921
Chronic Rehab	0	449
Other	1	83

General Documentation
FY1990 Inpatient Hospital Discharge Database

Glover Memorial Hospital
Explanation of Discrepancies

Glover Memorial Hospital reported discrepancies in the areas of Age and DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Age		
0-14 (Years)	4	1
>=85	502	505
DRG		
296	86	87
298	2	1

General Documentation
FY1990 Inpatient Hospital Discharge Database

Harrington Hospital
Explanation of Discrepancies

Harrington Hospital reported discrepancies in the areas of Age and DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Age		
0-14 (Years)	550	549
>=85	282	283
DRGs		
182	86	87
184	50	49
222	12	13
254	11	10
296	84	85
298	105	104
451	6	7
470	1	0

General Documentation
FY1990 Inpatient Hospital Discharge Database

Holy Family Hospital
Explanation of Discrepancies

Holy Family Hospital reported discrepancies in the areas of Type of Admission, Month of Discharge, Age, Sex, Payor, LOA Days, MDCs, Length of Stay, DRGs, # Diagnosis Codes used Per Patient, and # Procedure Codes Used per Patient. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Type of Admission		
Urgent	2,633	2,632
Elective	3,450	3,451
Month of Discharge		
October	870	869
March	926	927
Age		
65-69 (Years)	692	693
70-74	782	781
Sex		
Male	4,249	4,250
Female	6,310	6,309
Payor		
Self Pay	559	558
Medicare	3,522	3,509
Medicaid	1,583	1,591
HMO	641	642
Blue Cross	2,301	2,304
Commercial Ins	1,722	1,724
Length of Stay		
02 (Days)	1,993	1,992
03	1,395	1,396
05	778	777
>=20	745	746
LOA Days		
	241	324
MDC		
4	1,024	1,025
6	802	803
11	318	316
DRGs		
89	191	192
154	21	22
310	26	25
321	21	20

General Documentation
FY1990 Inpatient Hospital Discharge Database

Lahey Clinic Hospital
Explanation of Discrepancies

Lahey Clinic Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Payor		
Self Pay	189	188
Medicare	3,796	4,151
Blue Cross	2,791	2,789
HMO	1,378	1,026

General Documentation
FY1990 Inpatient Hospital Discharge Database

Lawrence Memorial Hospital
Explanation of Discrepancies

Lawrence Memorial Hospital reported discrepancies in the area of Accommodation Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Routine Accommodation Charges		
	12,178,966	9,907,586
Routine Accommodation Days		
	32,915	29,686
Special Care Accommodation Charges		
	0	2,271,380
Special Care Accommodation Days		
	0	3,229

General Documentation
FY1990 Inpatient Hospital Discharge Database

Marlborough Hospital
Explanation of Discrepancies

Marlborough Hospital reported discrepancies in the area of Accommodation Charges. The hospital's Director of Reimbursement provided the following explanation:

The Pediatric Accommodation Charges reflected on the FY1990 Accommodation Charge Information Report include Children's Psychiatric Charges. This fact should be clearly indicated on all information reports made available to the public. Otherwise, hospitals without Children's Psychiatric Services may misinterpret said data.

General Documentation
FY1990 Inpatient Hospital Discharge Database

Mary Lane Hospital
Explanation of Discrepancies

Mary Lane Hospital reported discrepancies in the area of Payor. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Source of Payment		
Self Pay	156	115
Medicaid	160	201

General Documentation
FY1990 Inpatient Hospital Discharge Database

Mass. Eye & Ear
Explanation of Discrepancies

Mass. Eye & Ear reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
DRG		
40	394	399
44	47	50
188	7	8
401	3	4
442	138	140
470	25	13

General Documentation
FY1990 Inpatient Hospital Discharge Database

Mass. General Hospital
Explanation of Discrepancies

Mass. General Hospital reported discrepancies in the area of DRGs. The hospital's Data Resources Administrator provided the following explanation:

The counts for the pacemaker DRGs do not match the MGH counts. Although the aggregate total for these DRGs is the same as that on the verification report, the distribution is different. We are presently working to resolve this difference.

General Documentation
FY1990 Inpatient Hospital Discharge Database

Nantucket Cottage Hospital
Explanation of Discrepancies

Nantucket Cottage Hospital reported discrepancies in the areas of Accommodation Charges and Ancillary Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Accommodation Charges		
Medical/Surgical/OB/Ped	1,484,475	1,564,780
Newborn	74,950	78,125
Special Care	74,790	68,670
Ancillary Charges		
Pharmacy	87,584	89,950
IV Therapy	125,497	131,764
Med/Surg Supplies	96,237	94,778
Laboratory	223,017	224,537
Diagnostic Radiology	98,992	100,881
Therapeutic Radiology		
Nuclear Medicine		
CAT Scanner		
Surgical Service	215,029	248,863
Anesthesiology	113,930	113,950
Blood	570	0
Blood Storage (LAB)	64	0
Respiratory Therapy	53,688	56,256
Emergency Room	77,335	79,112
Labor & Delivery	88,737	91,510
EKG	17,207	16,762
Other	10,623	14,390

General Documentation
FY1990 Inpatient Hospital Discharge Database

Nashoba Community Hospital
Explanation of Discrepancies

Nashoba Community Hospital reported discrepancies in the areas of Age and DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Age		
0-14 (Years)	180	178
>=85	282	284
DRG		
89	84	85
91	13	12

General Documentation
FY1990 Inpatient Hospital Discharge Database

New England Baptist Hospital
Explanation of Discrepancies

New England Baptist Hospital reported discrepancies in the areas of DRGs and Ancillary Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Ancillary Charges		
Total	50,108,377	50,124,508
DRGs		
470	13	1

General Documentation
FY1990 Inpatient Hospital Discharge Database

New England Deaconess
Explanation of Discrepancies

New England Deaconess reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
DRGs		
89	91	92
91	1	0
287	166	165

General Documentation
FY1990 Inpatient Hospital Discharge Database

North Adams Regional Hospital
Explanation of Discrepancies

North Adams Regional Hospital reported discrepancies in the areas of # of Discharges, Type of Admission, Source of Admission, Month of Discharge, Age, Sex, Race, Payor, LOA Patients, LOA Days, MDCs, Length of Stay, Disposition, DRGs, and Accommodation Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# Discharges		
	4,963	4,962
Type of Admission		
Emergency	2,115	2,280
Urgent	504	0
Elective	1,889	2,228
Newborn	455	454
Source of Admission		
Physician Referral	2,511	2,553
Clinic Referral	0	17
Transfer Acute Hospital	6	10
Transfer SNF	12	93
Transfer ICF	5	20
Emergency	1,964	1,789
Other	10	26
Newborn	455	454
Month of Discharge		
November	402	403
January	408	407
March	465	464
April	399	398
August	448	449
Age		
65-74	703	701
75-84	800	801
>=85	336	335
Sex		
Male	2,086	2,082
Female	2,877	2,880

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital - Continued

Category	MRSC	Hospital
Race		
White	4,861	4,867
Black	52	48
Other	5	7
Unknown	0	1
American Indian	1	0
Asian	11	10
Hispanic	33	29
Avg. LOS		
	6.95	6.90
Total Days		
	34,508	34,473
Total LOA Days		
	0	8
Total LOA Patients		
	0	3
Source of Payment		
Self Pay	906	80
Workers Comp	44	57
Medicare	988	1,882
Medicaid	1,162	796
Other Gov't	40	3
Blue Cross	671	745
Commercial Ins	206	455
HMO	770	797
Other	176	142
Length of Stay		
0-1 Days	781	782
2 Days	1,178	1,176
Disposition		
Home	4,059	3,788
Acute Care	218	124
SNF	179	158
ICF	17	51
Psych	0	12
Home/Health Care	235	499
Against Advice	56	57
Died	198	200
Chronic Rehab	0	6
Other	1	67

General Documentation
FY1990 Inpatient Hospital Discharge Database

North Adams Regional Hospital – Continued

Accommodation Charges		
Total Charges	12,938,869	13,436,333
Med/Surg	8,267,705	8,500,000
Obstetrics	32,670	322,369
Newborn	366,730	342,000
Accommodation Days		
Total Days		
Med/Surg	25,106	23,982
Charge per Day	329	354
Obstetrics	121	1,311
Charge per Day	270	246
Psychiatric	6,344	6,339
Newborn	1,150	1,119
Charge per Day	319	306
Special Care Accommodation Days		
Coronary Care Unit	1,745	1,722
Charge per Day	684	694
DRG		
10	5	4
18	2	3
24	21	19
25	17	19
28	2	1
31	1	2
32	3	4
34	11	8
35	3	7
55	3	2
63	5	9
71	14	15
75	4	3
76	1	7
79	18	14
80	2	6
83	7	6
84	0	1
87	25	15
88	11	18
89	148	129
90	7	21
91	23	24
94	8	7

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital – Continued

Category	MRSC	Hospital
DRG		
95	1	2
96	74	66
97	24	25
98	55	54
99	8	15
100	2	3
101	21	11
110	11	12
113	10	14
114	3	1
115	3	2
116	7	8
121	60	54
122	52	47
123	16	15
127	171	178
130	36	21
131	13	28
132	1	3
133	0	2
134	7	5
135	1	0
136	0	1
138	45	33
139	8	20
140	115	118
141	31	20
142	5	16
143	56	55
144	6	10
145	3	5
146	7	3
147	1	0
148	54	58
149	8	13
150	3	6
151	2	4
152	19	1
153	4	1

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital - Continued

Category	MRSC	Hospital
DRG		
154	9	7
155	1	2
157	10	5
159	12	5
160	7	9
161	33	16
162	32	49
169	4	0
172	11	12
174	43	49
175	5	8
176	6	8
177	5	6
178	1	2
180	23	16
181	3	10
182	82	67
183	57	81
189	3	5
193	3	8
195	7	3
196	0	1
197	40	26
198	28	39
204	10	12
205	10	9
206	6	7
207	17	14
208	6	9
209	43	42
210	27	18
211	4	13
214	8	3
215	59	64
218	5	2
219	13	15
224	13	12
226	1	0
227	5	7

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital - Continued

Category	MRSC	Hospital
DRG		
236	16	17
243	42	44
244	3	1
245	0	2
247	5	3
249	4	5
250	3	2
251	1	2
253	9	7
254	3	5
257	14	6
258	9	17
263	5	4
264	1	3
265	4	3
266	2	1
277	32	31
278	25	28
280	16	10
281	6	9
283	1	0
284	2	3
292	1	0
294	20	19
296	53	42
297	11	23
309	0	1
316	11	16
320	43	33
321	13	23
322	13	14
323	14	11
324	13	15
325	5	1
326	1	5
331	9	6
332	1	2
333	1	0
336	34	14

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital - Continued

Category	MRSC	Hospital
DRG		
337	8	27
348	1	0
349	0	1
354	15	0
355	19	2
356	6	7
357	1	3
358	13	17
359	1	26
365	1	2
370	8	19
371	62	52
372	33	37
373	342	338
374	6	7
377	1	0
382	18	19
383	39	37
384	15	17
385	10	9
386	1	2
388	16	17
389	35	32
390	67	52
391	346	363
401	6	5
402	1	2
403	6	3
404	1	3
415	5	3
416	23	24
419	9	7
420	2	4
422	31	29
424	3	1
425	17	18
426	66	67
428	48	49
430	283	282
431	5	6

General Documentation
FY1990 Inpatient Hospital Discharge Database
North Adams Regional Hospital - Continued

Category	MRSC	Hospital
DRG		
434	1	5
435	0	5
436	1	0
437	2	0
438	7	0
440	4	3
442	5	2
443	7	8
444	4	2
445	5	7
449	26	27
452	7	1
453	7	8
454	0	1
455	2	3
459	3	2
460	5	6
461	4	2
463	3	4
466	0	1
468	50	19
471	0	1
473	0	1
474	0	1
475	0	16
476	0	1
477	0	14
MDC:	(Excluding DRG 468-470)	
6	557	558
14	550	551
4	477	475
19	454	455
1	246	248
9	146	145
10	129	130
21	128	129
3	118	119
18	84	81
12	54	53
20	12	11

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Anne's Hospital
Explanation of Discrepancies

St. Anne's Hospital reported discrepancies in the area of MDCs, DRGs, and # of
Diagnosis and Procedure Codes Used per Patient. No further explanation was provided.

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response

St. Elizabeth's Hospital submitted a Response Sheet A in response to the data verification process, indicating that the data contained in the FY1990 merged case mix and charge data verification report was accurate and complete. However, the hospital's Chief Financial Officer also submitted a letter dated June 16, 1991, as follows.

In response to your request to verify the St. Elizabeth's Hospital merged case mix/billing data for FY1990 we have validated the data and provided background information on the charge data for those who will be using these reports in the future. We feel it is essential that users recognize the limitations of these data.

In our testing of the validation data, we found both the general statistical data and the DRG counts based on the Version-2 grouper to be generally consistent with internal reports generated by the ACH Computer Center and U.I.S. For users of these data, we would emphasize that other FY1990 DRG reports with which they are comparing or trending data may be based on Grouper Version-7. It is important to be alert to the differences in specific DRG counts which result from annual changes in the Grouper logic, with some DRGs split with medical conditions assigned to some DRGs redefined. The annual Grouper changes have a strong impact on the data for the affected disease categories.

As you are aware, it is essential to recognize in any use of this information that it is not correct to make comparisons with similar data in other St. Elizabeth's Hospital reports or with similar data from other hospitals, without first reconciling all data on a line item by item basis. Simplistic comparisons of these FY1990 case mix/charge data among hospitals cannot result in conclusions that are credible for FY1990 much less valid for FY1990 for a variety of reasons which include the following:

Medical Records Documentation

Historically, medical records were intended primarily for use by Physicians. With changes in the reimbursement system they have become the primary means of documenting the need for all resources used in caring for the patient. The systems to provide this documentation of complete diagnostic information, including differences in the severity of illness of patients with the same diagnosis, are under development. They therefore vary in their level of sophistication from hospital to hospital.

As a result, comparative case mix complexity indices may reflect differences in coding practices among hospitals, in addition to differences in the type of patient treated. Further, the DRG Patient Classification System is inadequate to document differences in the severity of illness, or in the stage of disease, of patients who fall within the same DRG. The DRG system has been demonstrated to be completely inadequate, for example, for cancer, trauma, and psychiatry patients. Clearly, these factors affect the resources needed to care for patients,

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response - Continued

Medical Records Documentation – Continued

and require further development and documentation. The DRG system is being refined to better reflect casemix differences.

2. Charge structures vary significantly among hospitals and from year to year

-Services included in the charge structure differ among hospitals within any given year. For example: Physician components may be included in one hospital's charge while in another it may not. If Hospital A pays its Radiologists for reading X-Rays, Radiology charges will be included with other patient charges. On the other hand, at Hospital B the physicians may be billing the patients directly and these charges will not be included in the Hospital's accounts.

-An individual hospital's charge structure may change substantially from year to year. Since the revenue cap applies only to total revenue, each hospital is free to adjust charges as it deems appropriate within the literally thousands of accounts. To comply with the revenue cap, hospitals may make charge adjustments at various times during the year (monthly, quarterly, or once annually). One hospital may decide to address compliance by adjusting only room and board charges. Another may adjust all charges across the board.

3. Inaccuracies of cost comparisons that depend on cost/charge ratios (RCCs) when these data are used in conjunction with data in the 403 cost reports.

RCCs – The RCCs do not in any way reflect true costs. They are at best estimates of average costs net of income recoveries. They are influenced by the various methodologies among hospitals for grouping accounts included in the 403 cost centers, by the various allocation methodologies that are employed, and by the series of issues referenced above related to differences in hospital charge structures.

For example:

- (1) One hospital may generate twice as much parking income as another hospital of similar size. The full cost of the parking operations at the two may be the same, but clearly the cost/charge ratios will differ.
- (2) Since RCCs reflect only average costs, they break down further when small numbers are involved, as they are at the procedural level. True costs of procedures will vary with the time or day of the week, depending on such factors as differences in the staffing involved, comparable procedures performed at the same time, etc. An Open Heart procedure scheduled in advance is less costly than one performed on an emergency basis on a weekend evening. Averages also break down in looking at incremental costs.

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Elizabeth's Hospital Response – *Continued*

The cost of performing the “next” Open Heart Procedure will be much less at an institution with high levels of fixed costs rather than in a hospital with high levels of variable costs.

Differences in data accumulation in the 403 Cost Report and the Case Mix/Billing Tapes

Analysis of these charge data in conjunction with financial data in the 403 Cost Reports is further complicated by the differences in data accumulation for these reports, which are generated for different uses. Two major factors result in data, which are not comparable:

- (1) There are differences in the cut-off points. The Case Mix system accumulates data on the basis of all charges accumulated prior to a patient's discharge, while the 403 accumulates charges posted to patient accounts with dates of service within a fiscal year.

Impact: The 403 Report includes charges posted to patient accounts before the patient is discharged; final billing must be completed before charges accumulate on the Case Mix tape.

- (2) The cost center summary level grouping of accounts defined for the Case Mix tapes differ from various groupings used by individual hospitals in preparing their 403 Cost Reports. These differences will vary from year to year, and among different hospitals in any given year.

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital
Explanation of Discrepancies

St. John's of Lowell Hospital reported discrepancies in the areas of # of Discharges and DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# Discharges		
	6,875	6,876
Type of Admission		
Not available	67	68
Month of Discharge		
June	571	572
Age		
70-74	675	676
Sex		
Female	3,696	3,697
Source of Payment		
Medicare	3,104	3,105
Total Days		
	61,058	61,057
Disposition		
Home	4,758	4,759
DRGs		
1	9	10
8	2	3
11	2	3
14	104	105
15	52	53
18	7	9
19	10	16
24	38	36
25	16	21
28	8	4
29	6	10
31	7	6
32	17	18
34	9	5
35	3	7
39	6	8
42	6	5
53	7	8
55	6	8

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
56	3	2
57	6	11
58	5	19
59	5	0
60	14	0
61	0	1
63	3	47
64	0	2
74	7	6
75	29	19
76	20	29
77	0	1
79	44	53
81	4	3
83	8	6
84	1	3
85	10	8
86	0	2
87	3	5
88	37	45
89	245	214
90	30	42
92	4	3
93	1	2
96	177	164
97	76	86
99	13	11
100	20	22
110	31	32
111	0	4
112	23	18
113	7	11
114	1	2
115	2	3
116	33	18
117	24	0
118	1	2
120	2	6
121	32	104
122	16	81

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
123	12	34
127	260	266
131	9	13
132	1	2
133	0	1
134	14	12
138	88	82
139	26	45
140	227	236
141	39	25
142	15	2
144	8	12
145	6	8
146	7	3
148	69	71
149	5	6
150	3	13
151	7	9
152	13	3
154	25	22
155	5	6
157	7	6
158	11	12
159	16	9
160	4	7
161	33	28
162	41	47
164	13	12
166	6	5
168	12	2
169	38	3
170	7	6
171	3	2
172	24	25
173	1	2
175	3	8
176	4	7
177	7	9
178	11	12
179	16	17

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
180	28	29
182	186	156
183	77	107
185	6	4
186	10	11
189	9	11
191	2	4
192	2	0
193	4	2
195	10	5
197	72	68
198	59	66
202	21	22
203	15	14
204	34	35
205	12	11
206	2	3
208	7	10
209	69	70
210	63	58
211	5	10
212	5	3
213	5	3
214	14	23
215	18	44
216	4	3
217	8	11
221	7	6
222	18	19
223	8	10
224	32	23
225	44	37
226	7	6
227	9	22
228	0	5
229	27	22
230	7	6
231	23	19
232	0	3
233	3	4

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
234	8	7
236	37	24
240	8	5
241	5	6
243	108	74
244	18	1
245	4	6
246	4	2
250	7	6
251	4	5
253	15	13
254	20	21
256	14	15
257	16	12
258	6	10
259	9	6
260	1	4
264	1	4
265	3	2
267	9	11
269	7	2
270	6	7
271	17	18
272	3	1
273	2	4
277	66	51
278	41	58
280	6	4
281	7	9
284	2	3
285	3	0
287	6	4
294	70	62
295	18	16
296	109	98
297	13	26
298	44	43
304	10	11
305	0	1
311	3	4

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
315	2	9
316	13	14
320	72	62
321	24	34
323	46	45
325	6	5
326	4	5
331	11	12
334	3	2
335	0	1
336	88	67
337	14	33
338	7	8
341	2	4
343	1	0
344	1	2
346	5	4
350	10	11
354	39	3
355	23	2
356	12	11
358	25	39
380	1	0
381	3	4
397	9	10
398	7	6
399	6	8
403	10	8
410	158	156
415	9	7
416	41	48
434	2	16
435	0	9
437	3	0
438	20	0
439	2	1
442	9	6
443	7	11
444	8	9
452	18	17

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. John's of Lowell Hospital - Continued

Category	MRSC	Hospital
DRG		
453	3	4
461	9	8
467	6	7
468	89	30
470	204	0
473	0	2
474	0	6
475	0	12
476	0	7
477	0	21
MDC (Incl DRG 468-470)		
4	1,233	1,111
5	1,110	1,245

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Margaret's Hospital
Explanation of Discrepancies

St. Margaret's Hospital reported discrepancies in the areas of Source of Admission and Ancillary Charges. The Director of Reimbursement submitted a letter indicating that the variances identified were due to the differences in the DRG groupers used for the verification. RSC uses a Version 2 Grouper, while St. Margaret's uses the current Version 7 Grouper. RSC also generates the reports on a discharge basis. C.C.I.S. generates data on the basis of charges accumulated prior to a patient's discharge. This caused a large variance in reported charges. The hospital has provided the following additional corrections to their FY1990 verification report.

Category	MRSC	Hospital
Ancillary Charges		
Pharmacy	1,745,593	1,823,549
IV Therapy	371,073	409,329
Med/Surg Supplies	424,780	454,235
Laboratory	1,891,423	2,660,637
Diagnostic Radiology	664,546	2,804,677
Surgical Service	908,078	1,490,314
Anesthesiology	320,445	381,784
Blood	358,316	459,203
Respiratory Therapy	3,554,221	3,399,182
Emergency Room	0	383,471
Recovery Room	0	394,773
Labor and Delivery	3,478,211	3,836,342
EKG	43,713	74,231
Psychology/Psychiatry	4,176	9,228
Other	140,171	736,154

General Documentation
FY1990 Inpatient Hospital Discharge Database

St. Vincent Hospital
Explanation of Discrepancies

St. Vincent Hospital reported discrepancies in the area of # of Discharges and Payor. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# of Discharges		
	18,804	18,718
Source of Payment		
Self Pay	2,199	1,097
Workers Comp	221	220
Medicare	6,880	6,876
Medicaid	28	1,294
Blue Cross	1,636	1,517
Commercial Insurance	1,497	1,415
HMO	6,343	6,299

General Documentation
FY1990 Inpatient Hospital Discharge Database

Salem Hospital
Explanation of Discrepancies

Salem Hospital reported discrepancies in the areas of # of Discharges, Source of Admission, Age, Payor, LOA Patients, LOA Days, Disposition, # of Diagnosis Codes Used per Patient, Accommodation Charges, and Ancillary Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
# Discharges		
	17,175	17,177
Source of Admission		
Physician Referral	7,516	7,513
Clinic Referral	93	223
HMO Referral	130	244
Transfer ICF	2	0
Court/Law Enforcement	46	2
Other	315	117
Newborn	2,641	2,647
Age		
Newborn	2,641	2,647
0-14	225	219
Source of Payment		
Medicaid	2,400	2,642
Other Govt	4	44
Commercial Insurance	1,829	1,750
HMO	4,139	4,218
Other	250	8
Accommodation Charges		
Total Charges	44,915,410	43,444,091
Routine Accommodations		
Med/Surg	29,541,545	28,048,483
Obstetrics	2,650,245	2,528,485
Pediatrics	190,745	269,730
Psychiatric	4,621,500	4,557,265
Newborn	1,315,275	1,614,300
Special Care Accommodations		
Med/Surg	4,815,425	4,685,155
Coronary Care Unit	1,744,675	1,740,673
Ancillary Charges		
Pharmacy	7,430,297	7,350,047
Med/Surg Supplies	558,637	638,887

General Documentation
FY1990 Inpatient Hospital Discharge Database

Salem Hospital
Explanation of Discrepancies – Continued

DRGs		
138	187	186
139	46	47
370	94	93
371	413	414

General Documentation
FY1990 Inpatient Hospital Discharge Database

Sturdy Memorial Hospital
Explanation of Discrepancies

Sturdy Memorial Hospital reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
DRGs		
210	57	58
212	5	4
294	40	41
295	17	16

General Documentation
FY1990 Inpatient Hospital Discharge Database

University Hospital
Explanation of Discrepancies

University Hospital reported discrepancies in the areas of Age, Length of Stay, Accommodation Charges, Ancillary Charges, and MDCs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Age		
0-14	12	1
21-44	2,685	2,684
70-74	1,165	1,162
Length of Stay		
Same Day	88	0
1 Day	1,898	1,986
4 Days	826	825
6 Days	533	534
Accommodation Charges		
Psychiatric		
Charge per Day	553	552
Ancillary Charge Information		
Discharges		
Pharmacy	10,754	10,757
IV Therapy	3,235	0
Other	1,270	1,269
Total Charges		
Laboratory	10,113,573	10,102,347
Other	1,105,933	1,105,878
MDCs (Excl.DRG 468-470)		
Discharges		
1	1,029	1,032
11	662	663
Average LOS		
17	7	6
3	5	4
MDCs (Incl.DRG 468-470)		
Discharges		
1	1,061	1,062

General Documentation
FY1990 Inpatient Hospital Discharge Database

University of Massachusetts Medical Center
Explanation of Discrepancies

University of Massachusetts Medical Center reported discrepancies in the areas of Source of Admission, Age, Length of Stay, Accommodation Charges, and Ancillary Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Age		
75-86	1,177	1,272
>=87	292	201
Length of Stay		
11-20	1,645	1,740
>=20	1,262	1,168
Ancillary Charge Info.		
Total Charges	116,699,992	117,099,992
Pharmacy	16,109,644	16,309,644
Med/Surg Supplies	13,832,451	13,932,451
Laboratory	19,223,396	19,323,396
Accommodation Charge		
Total Charges	52,194,327	52,794,327
Routine Accommodations		
Med/Surgical		
Charges	31,317,980	31,718,740
Days	82,679	82,681
Obstetrics		
Charges	760	0
Days	2	0
Special Care Accommodation Charges		
Med/Surg	12,739,280	12,839,280
Pediatric ICU	823,360	923,360

General Documentation
FY1990 Inpatient Hospital Discharge Database

Waltham/Weston Hospital
Explanation of Discrepancies

Waltham/Weston Hospital reported discrepancies in the area of DRGs. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
DRGs		
89	282	284
91	73	71
188	21	22
190	3	2

General Documentation
FY1990 Inpatient Hospital Discharge Database

Winchester Hospital
Explanation of Discrepancies

Winchester Hospital reported discrepancies in the area of Accommodation Charges. The hospital has provided the following corrections to their FY1990 verification report.

Category	MRSC	Hospital
Routine Accommodation		
Newborn		
Charges	1,764,324	981,141
Days	7,783	5,210
Charge per Day	227	188
Special Care Accommodations		
Neo-Natal ICU		
Charges	0	783,183
Days	0	2,573
Charge per Day	0	304

General Documentation
FY1990 Inpatient Hospital Discharge Database

SECTION IV

General Documentation
FY1990 Inpatient Hospital Discharge Database

Discrepancies By Category

Discrepancies were noted in the following categories by the hospitals listed within them.

Accommodation Charges

Anna Jaques Hospital
Athol Memorial Hospital
Berkshire Medical Center
Beverly Hospital
Dana Farber Institute
Lawrence Memorial Hospital
Nantucket Cottage Hospital
North Adams Regional
Salem Hospital
University Hospital
UMass Medical Center
Winchester Hospital

Age

Athol Memorial Hospital
Faulkner Hospital
Glover Memorial Hospital
Harrington Memorial Hospital
Holy Family Hospital
Nashoba Community Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital
Salem Hospital
University Hospital
UMass Medical Center

Length of Stay

Faulkner Hospital
Framingham Union Hospital
Holy Family Hospital
North Adams Regional Hospital
University Hospital
UMass. Medical Center

General Documentation
FY1990 Inpatient Hospital Discharge Database

Discrepancies By Category – Continued

No. Of Discharges

Athol Memorial Hospital
Faulkner Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital
St. Vincent Hospital
Salem Hospital

Month of Discharge

Athol Memorial Hospital
Faulkner Hospital
Holy Family Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital

Source of Payment

Athol Memorial Hospital
Children's Hospital
Faulkner Hospital
Holy Family Hospital
Lahey Clinic
Mary Lane Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital
St. Vincent Hospital
Salem Hospital

Ancillary Charges

Athol Memorial Hospital
Berkshire Medical Center
Nantucket Cottage Hospital
New England Baptist
St. Margaret's Hospital
Salem Hospital
University Hospital
UMass. Medical Center

General Documentation
FY1990 Inpatient Hospital Discharge Database

Discrepancies By Category – Continued

Disposition

Athol Memorial Hospital
Faulkner Hospital
Framingham Union Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital

Type of Admission

Athol Memorial Hospital
Faulkner Hospital
Holy Family Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital

Sex

Athol Memorial Hospital
Faulkner Hospital
Holy Family Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital

Source of Admission

Athol Memorial Hospital
Faulkner Hospital
North Adams Regional Hospital
Salem Hospital

Race

Athol Memorial Hospital
Brigham & Women's
Faulkner Hospital
North Adams Regional Hospital

Total Patient Days

Faulkner Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital

General Documentation
FY1990 Inpatient Hospital Discharge Database

Discrepancies By Category – Continued

Total Accommodation Days

Athol Memorial Hospital
Beverly Hospital
Dana Farber Institute
Lawrence Memorial Hospital
North Adams Regional Hospital
UMass. Medical Center
Winchester Hospital

LOA Patients

Faulkner Hospital
North Adams Regional Hospital

Total LOA Days

Emerson Hospital
Faulkner Hospital
Holy Family Hospital
North Adams Regional Hospital

DRGs

Athol Memorial Hospital*
Dana Farber Institute
Faulkner Hospital
Glover Memorial Hospital
Harrington Memorial Hospital
Holy Family Hospital
Massachusetts Eye & Ear
Nashoba Community Hospital
New England Baptist
New England Deaconess
North Adams Regional Hospital*
St. John's of Lowell Hospital*
Salem Hospital
Sturdy Memorial Hospital
Waltham/Weston Hospital

MDCs

Dana Farber Institute
Holy Family Hospital
North Adams Regional Hospital
St. John's of Lowell Hospital*
University Hospital

* - The hospital used the Version VII grouper instead of the Version II grouper when making comparisons to the Verification Report.

General Documentation
FY1990 Inpatient Hospital Discharge Database

SECTION V

General Documentation
FY1990 Inpatient Hospital Discharge Database

List of Hospitals that Did Not Respond to the Verification Report

Adcare Hospital
Atlanticare Hospital
Baystate Medical Center
Burbank Hospital
Cambridge Hospital
Cape Cod Hospital
Charlton Memorial Hospital
Henry Heywood Hospital
Hillcrest Hospital
Hubbard Regional Hospital
Hunt Hospital
Jordan Hospital
Lawrence General Hospital
Milford-Whitinsville Hospital
Newton-Wellesley Hospital
Noble Hospital
Providence Hospital
Quincy City Hospital
St. Joseph's Hospital
St. Luke's Hospital of Middleborough
St. Luke's Hospital of New Bedford
Worcester City Hospital

General Documentation
FY1990 Inpatient Hospital Discharge Database

SECTION VI

General Documentation
FY1990 Inpatient Hospital Discharge Database

Unacceptable Data File

Five hospitals failed to submit data to meet the requirements of Regulation 114.1 CMR 17.00. They were as follows:

Boston City Hospital:

Did not submit any case mix and charge data to the MRSC for the entire fiscal year.

Falmouth Hospital:

Did not submit any case mix and charge data to the MRSC for Q3 & Q4 of FY1990. The hospital did submit acceptable data for Q1 & Q2. This data appears in the file.

Heritage Hospital (Formerly Central):

Did not submit any case mix and charge data to the MRSC for Q3 & Q4 of FY1990. The hospital did submit acceptable data for Q1 & Q2. This data appears in the file.

North Shore Children's Hospital:

Did not submit any case mix and charge data to the MRSC for the entire fiscal year. The hospital merged with Salem Hospital in September 1990.

Somerville Hospital:

Did not submit any case mix and charge data to the MRSC for the entire fiscal year.

General Documentation
FY1990 Inpatient Hospital Discharge Database

SECTION VII

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment I

TYPE A ERRORS

Record Type
Submitter ID Number
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birthdate
Patient Over 100 Years Old
Admission Date
Discharge Date
Patient Status
Billing Number
Claim Certificate Number
Source of Payment
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I-IV)
Principal Procedure Code
Significant Procedure Codes (I-II)
Number of ANDs
Physical Record Count
Record Type 2x Count
Record Type 3x Count
Record Type 4x Count
Record Type 5x Count
Total Charges Special Services
Total Charges Routine Services
Total Charges Ancillaries
Total Charges (All Charges)
Number of Discharges
Total Charges Accommodations
Submitter Employer Identification Number
Number of Providers on Tape
Count of Batches
Batch Counts (11, 22, 33, 99)

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment I

TYPE B ERRORS

Patient Race

Type of Admission

Source of Admission

Patient Zip Code

Attending Physician Number

Operating Physician Number

Date of Principal Procedure

Date of Significant Procedures

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment II
Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility Number	Hospital Name
2202	Adcare Hospital of Worcester
2016	Addison Gilbert
2078	Amesbury
2006	Anna Jaques
2226	Athol Memorial
2073	Atlanticare
2339	Baystate
2313	Berkshire
2069	Beth Israel
2007	Beverly
2307	Boston City
2921	Brigham & Women's
2118	Brockton
2031	Brookline
2034	Burbank
2108	Cambridge
2135	Cape Cod
2311	Cardinal Cushing
2003	Carney
2119	Central
2337	Charlton
2139	Children's
2089	Choate-Symmes
2126	Clinton
2155	Cooley Dickinson
2335	Dana Farber Cancer Institute
2018	Emerson
2052	Fairview
2289	Falmouth
2053	Farren Memorial
2048	Faulkner
2020	Framingham Union
2120	Franklin Medical
2054	Glover Memorial
2101	Goddard Hospital
2091	Hahnemann of Boston
2143	Harrington Memorial
2131	Haverhill Municipal
2036	Henry Heywood
2231	Hillcrest

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment II

Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility Number	Hospital Name
2110	Holden
2225	Holy Family
2145	Holyoke
2157	Hubbard Regional
2093	Hunt Memorial
2082	Jordan
2033	Lahey Clinic
2099	Lawrence General
2038	Lawrence Memorial
2127	Leominster
2039	Leonard Morse
2040	Lowell General
2160	Ludlow
2041	Malden
2103	Marlborough
2042	Martha's Vineyard
2148	Mary Lane
2167	Mass. Eye & Ear
2168	Mass. General
2043	Mass. Osteopathic
2058	Melrose-Wakefield
2149	Mercy
2105	Milford-Whitinsville
2227	Milton
2022	Morton
2071	Mt. Auburn
2044	Nantucket Cottage
2298	Nashoba Community
2059	N. E. Baptist
2092	N. E. Deaconess
2299	N.E. Medical Center
2060	N. E. Memorial
2075	Newton-Wellesley
2076	Noble
2061	North Adams Regional
2113	North Shore Children
2114	Norwood
2260	Parkwood
2150	Providence
2151	Quincy City

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment II

Hospital Listing With the Department of Public Health Computer Facility Numbers

DPH Facility Number	Hospital Name
2011	St. Anne's
2085	St. Elizabeth's
2029	St. John's
2063	St. Joseph's
2086	St. Luke's of Middleborough
2010	St. Luke's of N.B.
2065	St. Margaret
2128	St. Vincent
2014	Salem
2213	Sancta Maria
2001	Somerville
2107	South Shore
2856	Southwood
2100	Sturdy Memorial
2171	J.B. Thomas
2106	Tobey
2084	University
2841	UMass. Med. Center
2067	Waltham/Weston
2046	Whidden Memorial
2094	Winchester
2181	Wing Memorial
2013	Winthrop Community
2125	Worcester City
2077	Worcester Hahnemann
2124	Worcester Memorial

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment III

MASSACHUSETTS RATE SETTING COMMISSION

RESPONSE SHEET A

General Instructions

After fully reviewing your hospital's FY1990 merged case mix and charge data verification report, you must complete and return this form to the Massachusetts Rate Setting Commission (MRSC). If the MRSC has not received the completed form by Monday June 24, 1991, when the general documentation is published, your hospital's name will be listed among those who did not respond. Your hospital may also miss any final opportunity to correct your case mix data.

If you agree that the data as it appears in the verification report is the data that was submitted to the Commission by the Hospital on its quarterly merged case mix tapes and that this data accurately represents the hospital's case mix profile, complete the following certification statement and return this form to the MRSC. The hospital may submit additional comments to the Commission if it so desires.

I, _____ WITH AUTHORITY SPECIFICALLY VESTED IN ME BY THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED THE DATA CONTAINED IN THE MRSC'S FY'90 MERGED CASE MIX AND CHARGE DATA VERIFICATION REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IS ACCURATE AND COMPLETE. THIS DECLARATION IS BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNED:

TITLE:

DATE:

If the Commission has any questions regarding the hospital's response, it should contact
M. _____ at ()-____-____.
(Name)

Return to: Mr. Paul Henry, Data Analyst
The Massachusetts Rate Setting Commission
Two Boylston Street
Boston, MA 02116

General Documentation
FY1990 Inpatient Hospital Discharge Database

Attachment IV

MASSACHUSETTS RATE SETTING COMMISSION

RESPONSE SHEET B

General Instructions

After fully reviewing your hospital's FY1990 merged case mix and charge data verification report, you must complete and return this form to the Massachusetts Rate Setting Commission (MRSC). If the MRSC has not received the completed form by Monday June 24, 1991, when the general documentation is published, your hospital's name will be listed among those who did not respond. Your hospital may also miss any final opportunity to correct your case mix data.

If you have noted any discrepancies in the data, complete the following statement. In addition, your hospital must supply the proper figures and provide comments to explain the discrepancies. These comments must be typed and submitted with this form.

I, _____ WITH AUTHORITY SPECIFICALLY VESTED IN ME BY THE GOVERNING BODY, HEREBY CERTIFY THAT I HAVE EXAMINED AND VERIFIED THE DATA CONTAINED IN THE MRSC'S FY'90 MERGED CASE MIX AND CHARGE DATA VERIFICATION REPORT AND THAT THE DATA IS ACCURATE AND COMPLETE EXCEPT FOR THE FOLLOWING CATEGORIES:

of Discharges __ Type of Adm. __ Source of Adm. __
Month of Discharge __ Age __ Sex __ Race __ Payor __
LOA Patients __ LOA Days __ MDCs __ Length of Stay __
Disposition __ DRGs __ # Diagnosis Codes Used per Patient __
Accom. Charges __ # of Procedure Codes Used per Patient __
Ancill. Charges __

I HAVE ATTACHED CORRECTED DATA AND SPECIFIC INFORMATION AS TO WHY THESE DATA DIFFER FROM THE ORIGINAL DATA SUBMITTED TO THE MRSC BY THE HOSPITAL ON ITS QUARTERLY CASE MIX TAPES. THIS DECLARATION IS BASED UPON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE. THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNED:

TITLE:

DATE:

If the Commission has any questions regarding the hospital's response, it should contact M_. _____ at ()-____-____.
(Name)

Return to: Mr. Paul Henry, Data Analyst
The Massachusetts Rate Setting Commission
Two Boylston Street
Boston, MA 02116